

FEB 22 2011

Please type or print in ink.

2011 FEB 23 AM 9:57

BY: *FE*

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hall Isadore N/A

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

52nd District

Your Position

Assembly Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/21/2011
(month, day, year)

Signature

SCHEDULE D Income – Gifts

Name _____

► NAME OF SOURCE
Grand Prix Association of Long Beach
 ADDRESS (Business Address Acceptable)
3000 Pacific Ave., Long Beach, CA 90806
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment/Sports

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 8 / 10</u>	<u>\$ 450.00</u>	<u>One-day Pass/Suite**</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
DIAGEO
 ADDRESS (Business Address Acceptable)
1101 38th St., Sacramento, CA 95816
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Alcohol/Beverage Distributor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 30 / 10</u>	<u>\$ 209.18</u>	<u>Lunch, Spirits</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Democratic Party
 ADDRESS (Business Address Acceptable)
1401 21st St., Ste 200, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 5 / 10</u>	<u>\$ 84.80</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Chukchansi Economic Development Authority
 ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg. C, Coarsegold, CA 93614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Affairs/Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 9 / 10</u>	<u>\$ 387.24</u>	<u>Concert tickets/Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Toyota Motor North America, Inc.
 ADDRESS (Business Address Acceptable)
601-13th St. NW-Ste 910 South, Washington, DC 20
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail/Sales

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 26 / 10</u>	<u>\$ 317.42</u>	<u>Lakers Game Ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
John A. Perez for Assembly
 ADDRESS (Business Address Acceptable)
777 S. Figueroa St., #4050, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 10</u>	<u>\$ 110.00</u>	<u>Leather Portfolio</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

 Comments: **My Personal Check in the amount of \$30.00 was submitted to the Grand Prix Association of L.B.

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Isadore Hall, III</u>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE	
<u>California Independent Voter Project</u>	
ADDRESS (Business Address Acceptable)	
<u>2350 Kerner Blvd., Suite 250</u>	
CITY AND STATE	
<u>San Rafael, CA 94901</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Social Welfare, IRC(c)(4) organization</u>	
DATE(S): <u>11 / 14 / 10</u> - <u>11 / 18 / 10</u> AMT: \$ <u>2,116.90</u>	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Accommodations, Meal & Beverages in connection with making a speech, which is not subject to gift limits.</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: _____